

SYSTEM AND METHOD FOR AUTOMATED
PRESCRIPTION MANAGEMENT

Sheet 1 of 22
Serial No. 09/818,168

Docket No. 8271-85864
(312) 577-7000

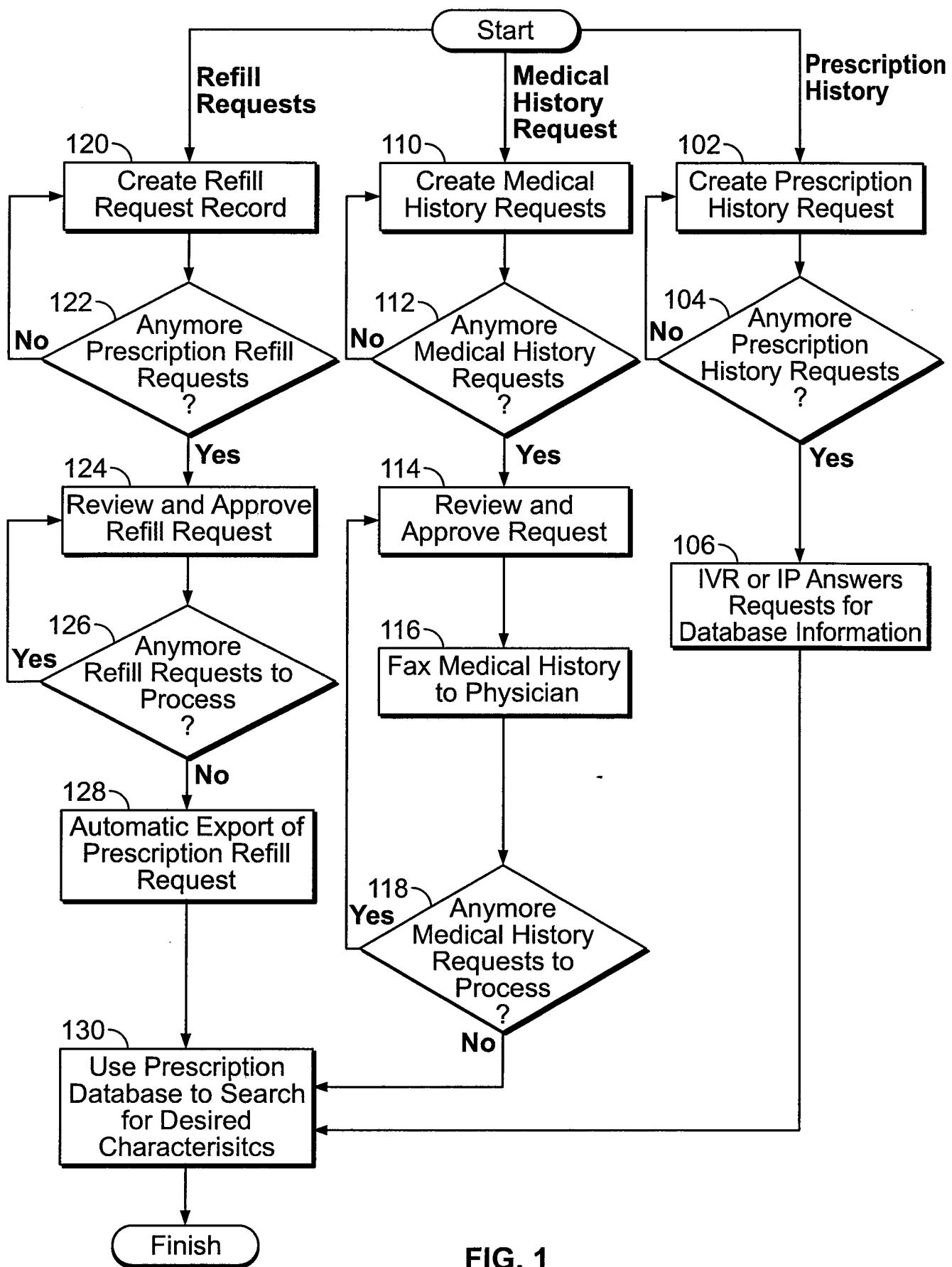


FIG. 1

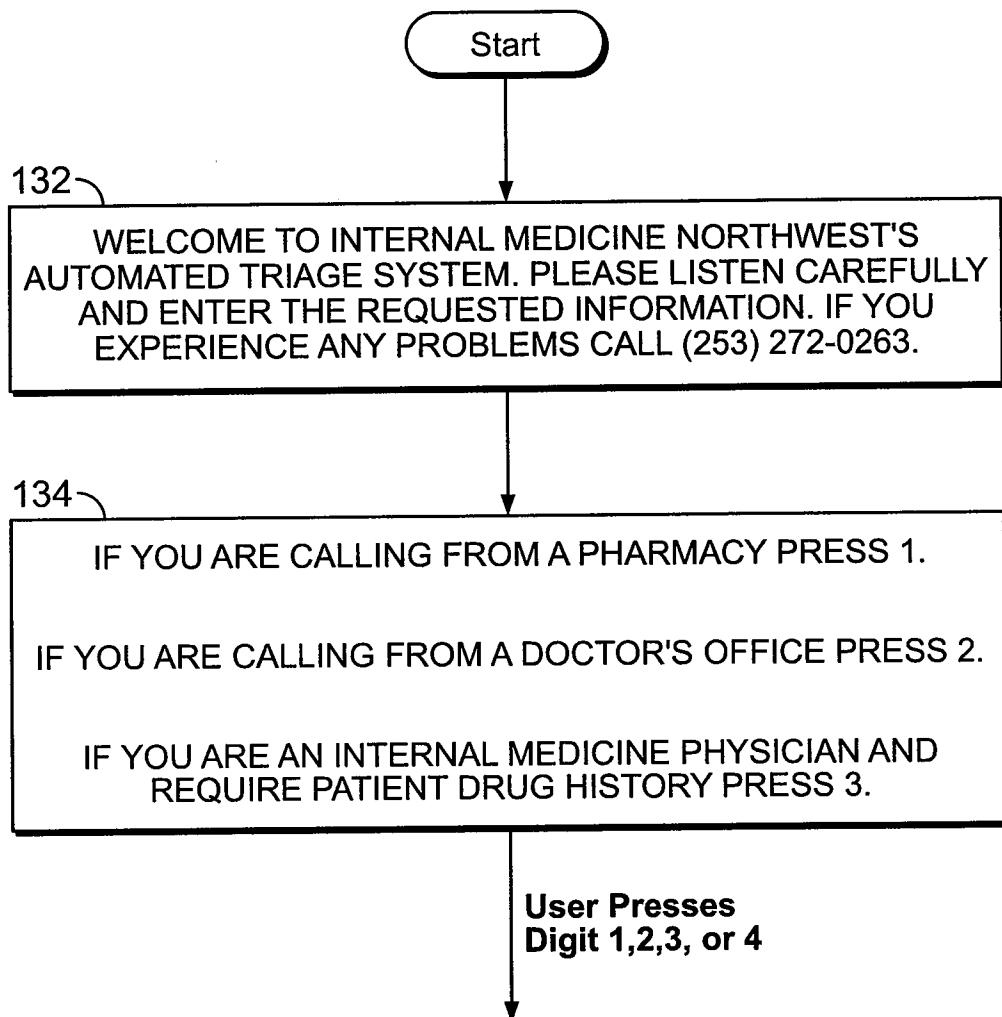


FIG. 2

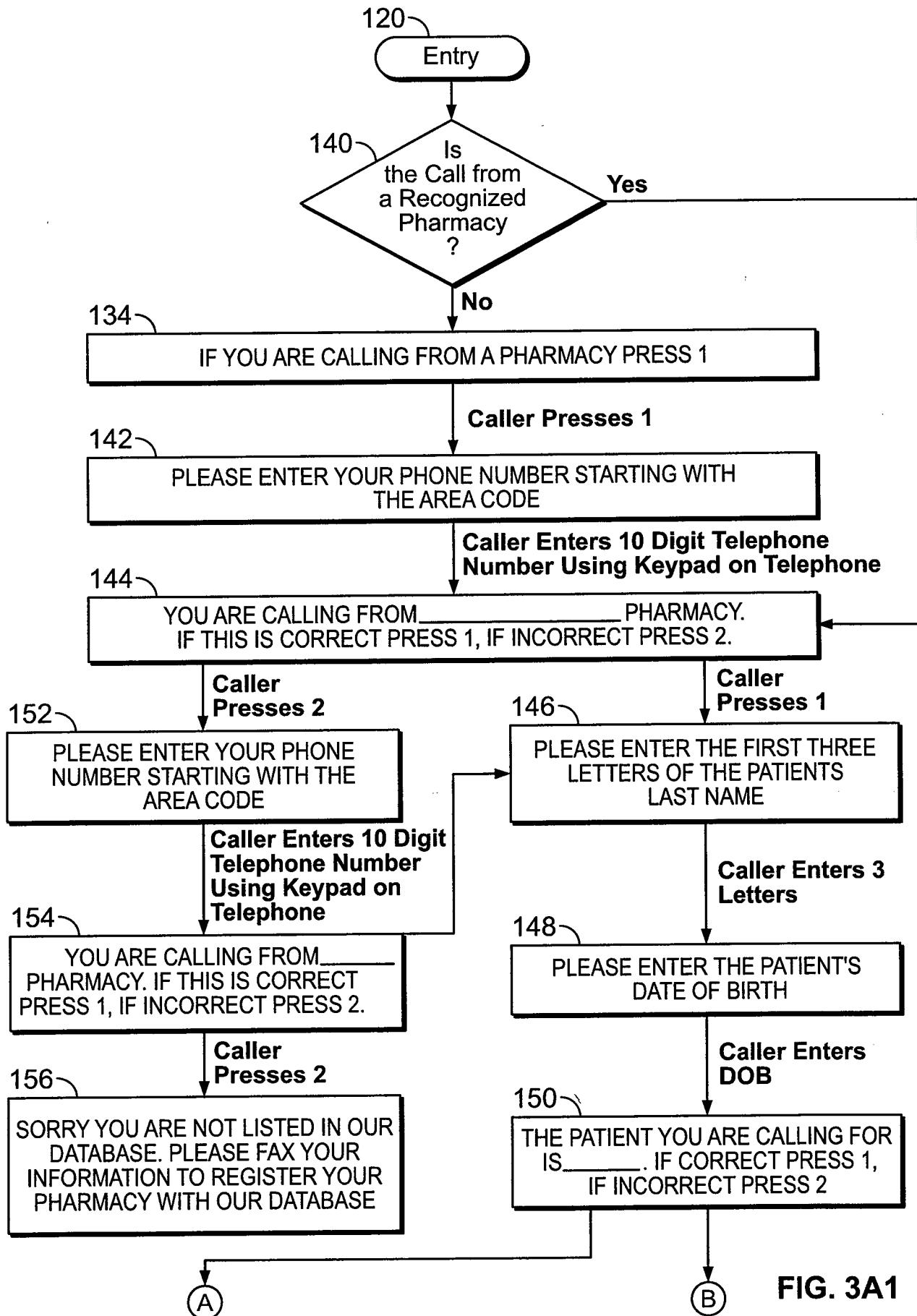


FIG. 3A1

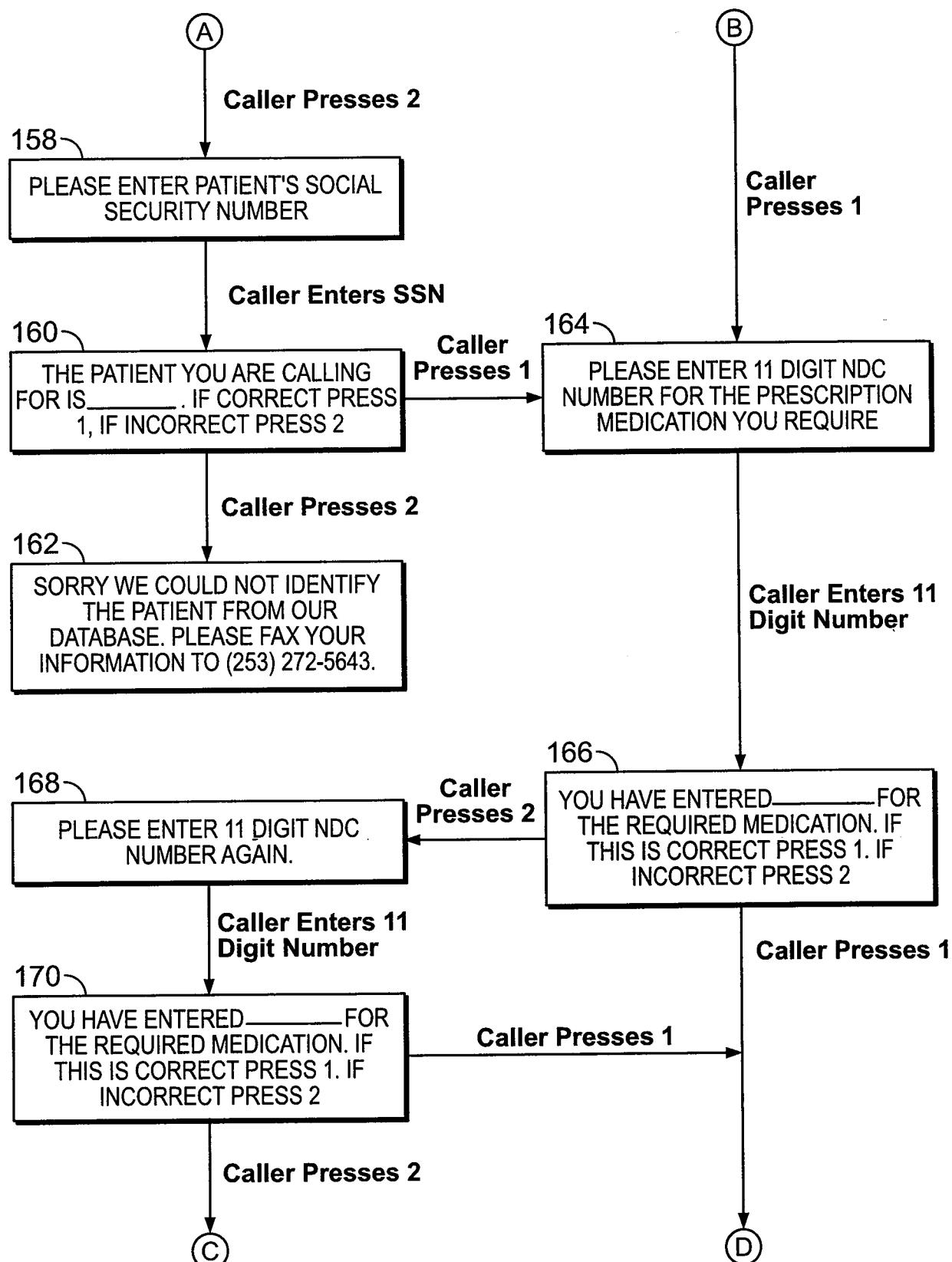


FIG. 3A2

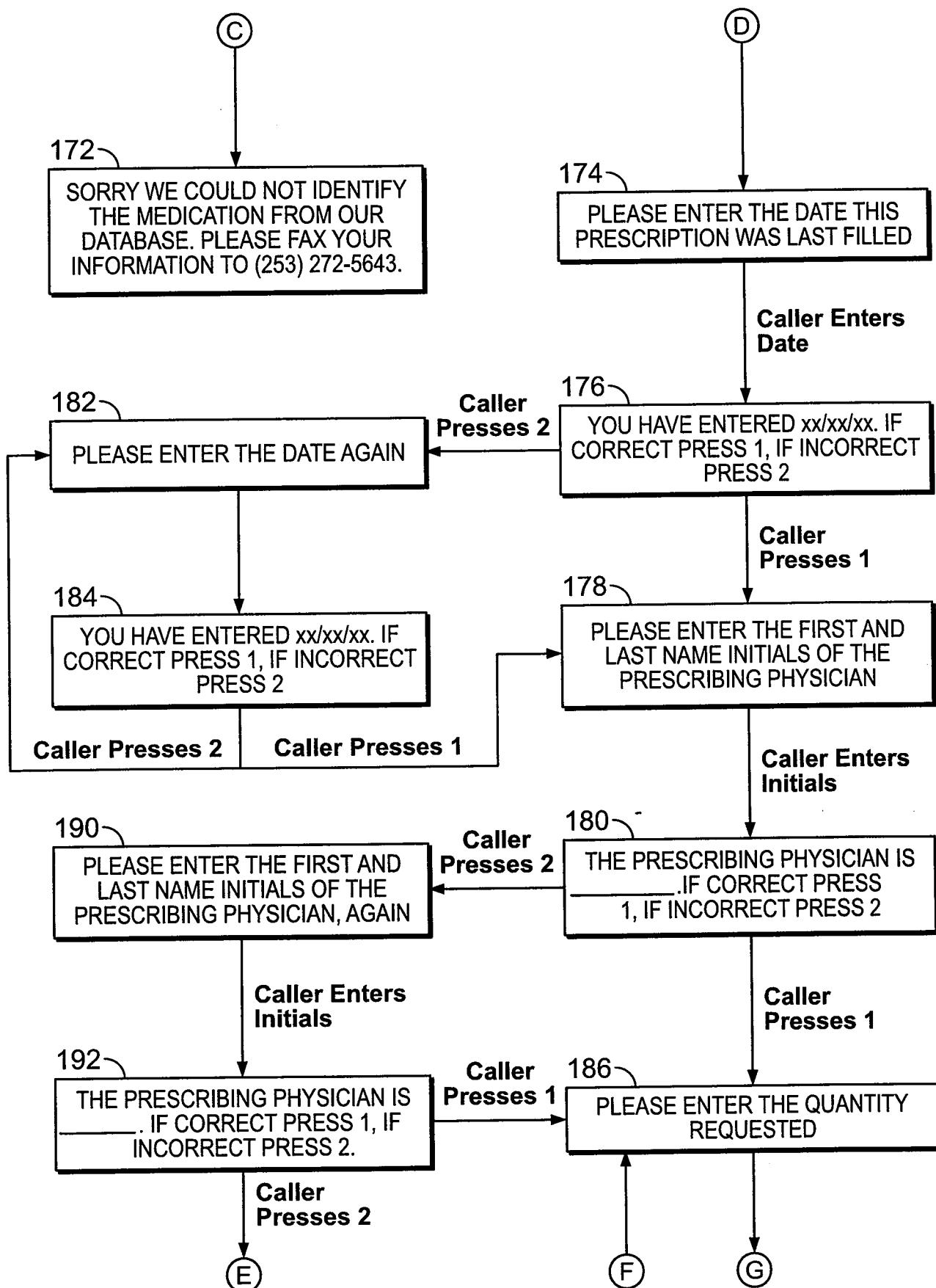


FIG. 3B1

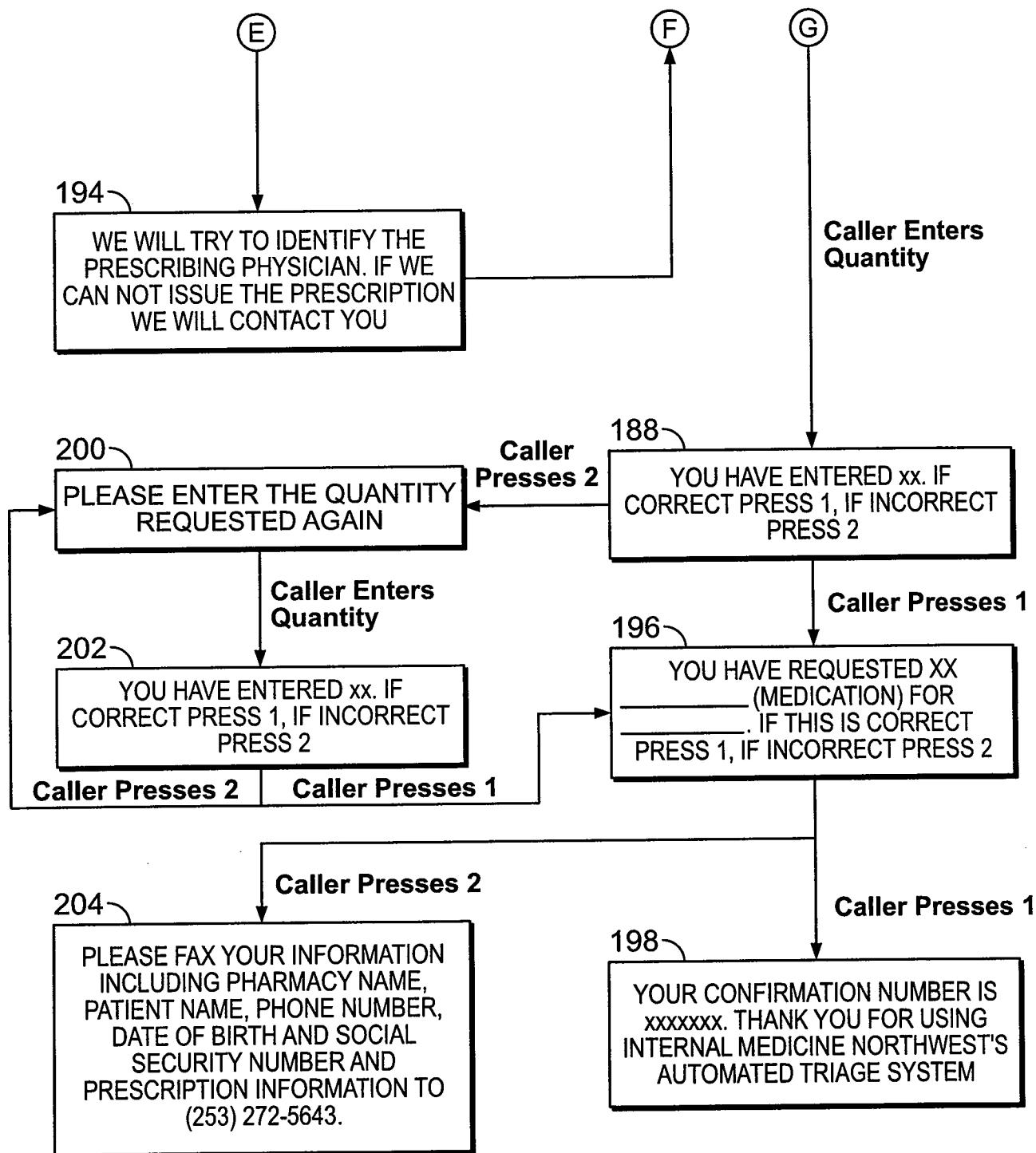


FIG. 3B2

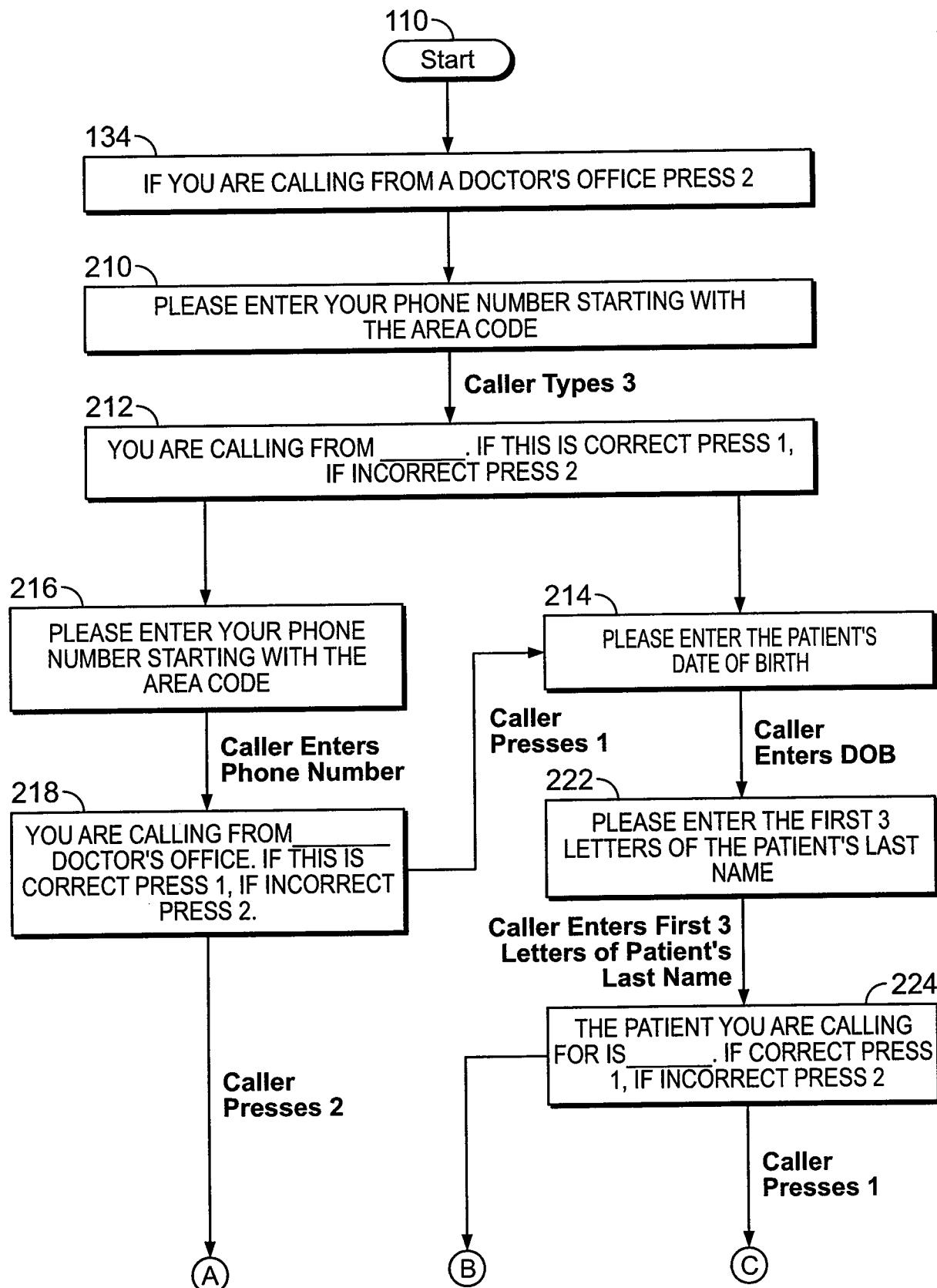


FIG. 4A

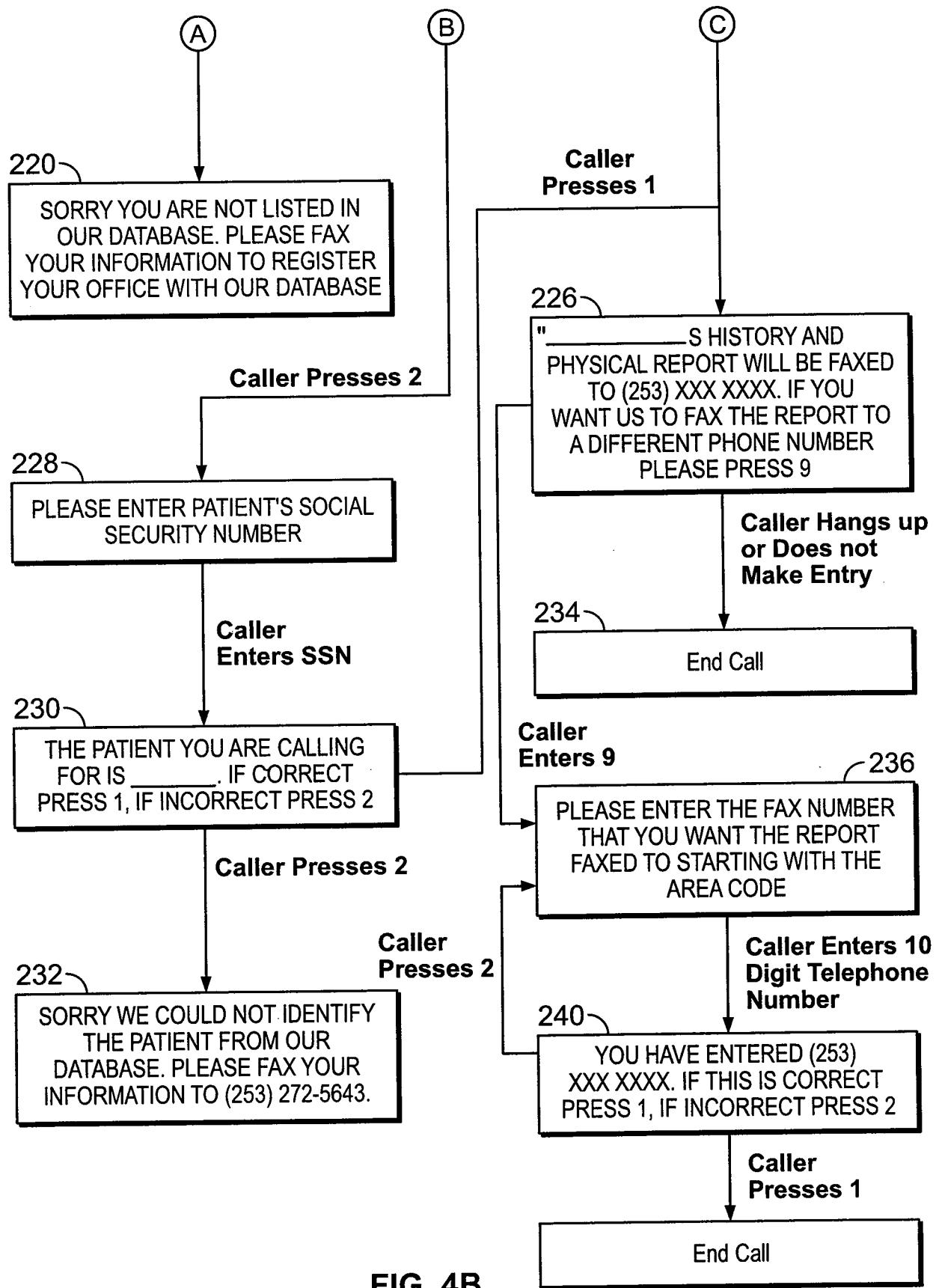


FIG. 4B

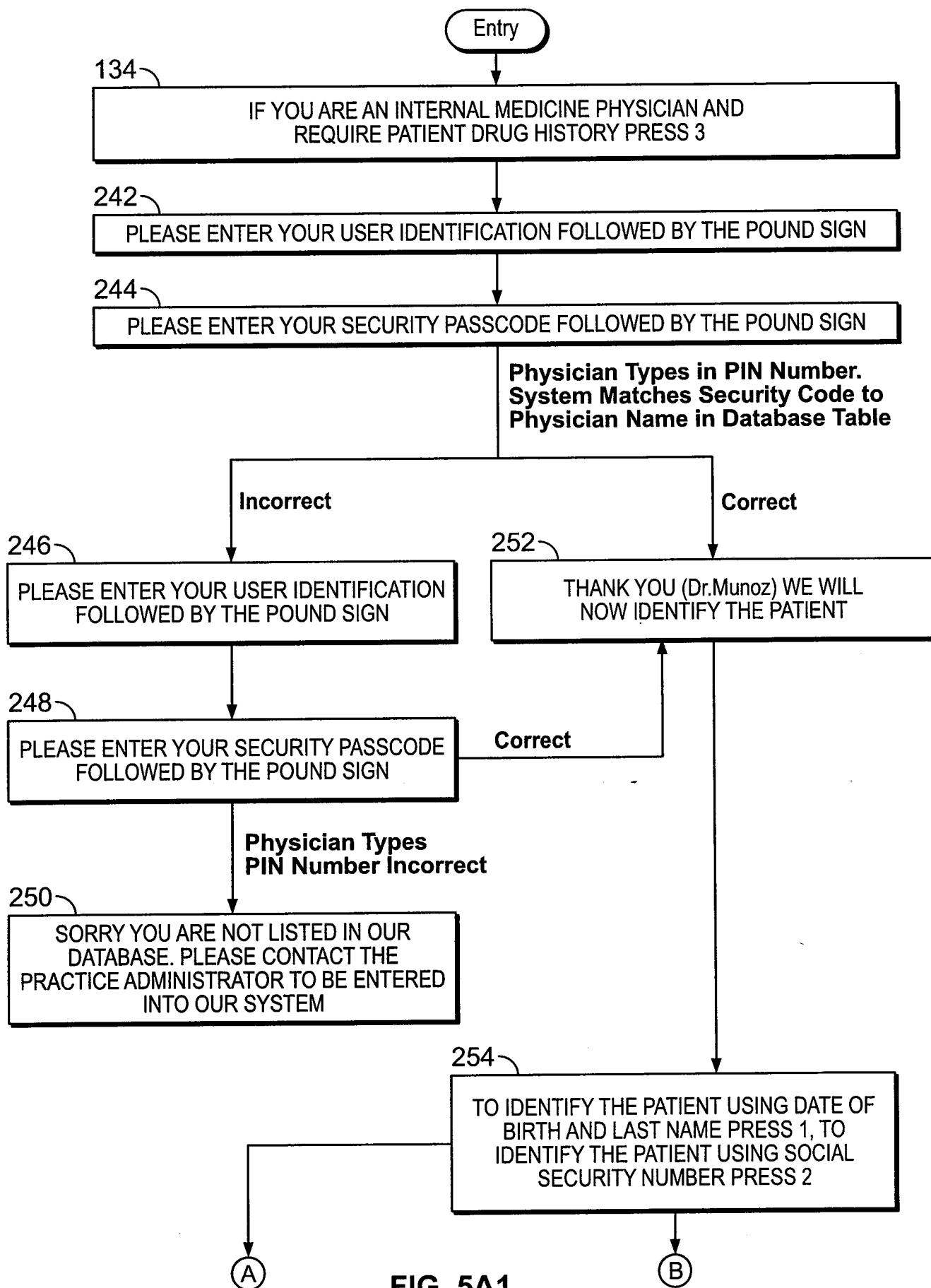


FIG. 5A1

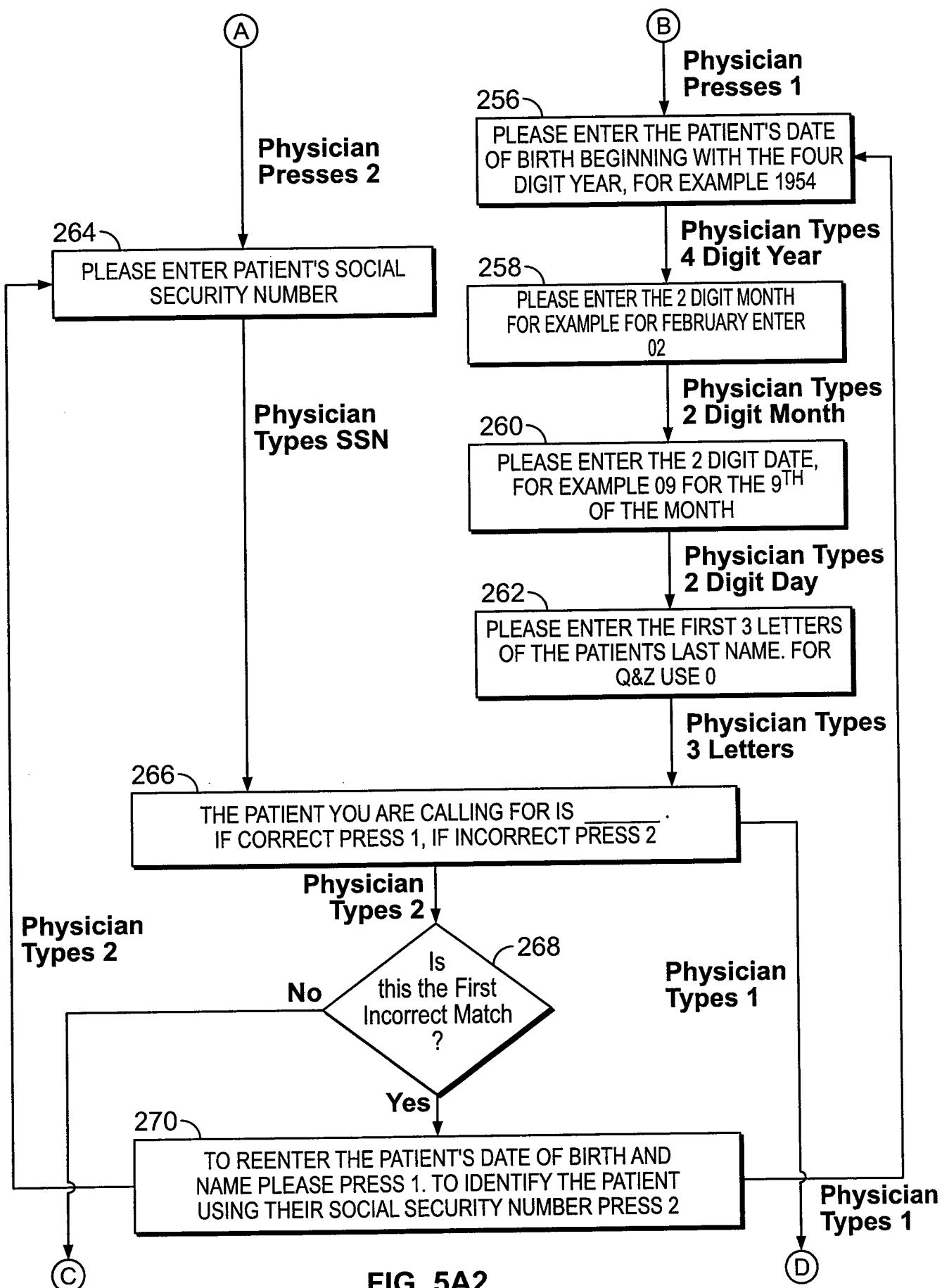


FIG. 5A2

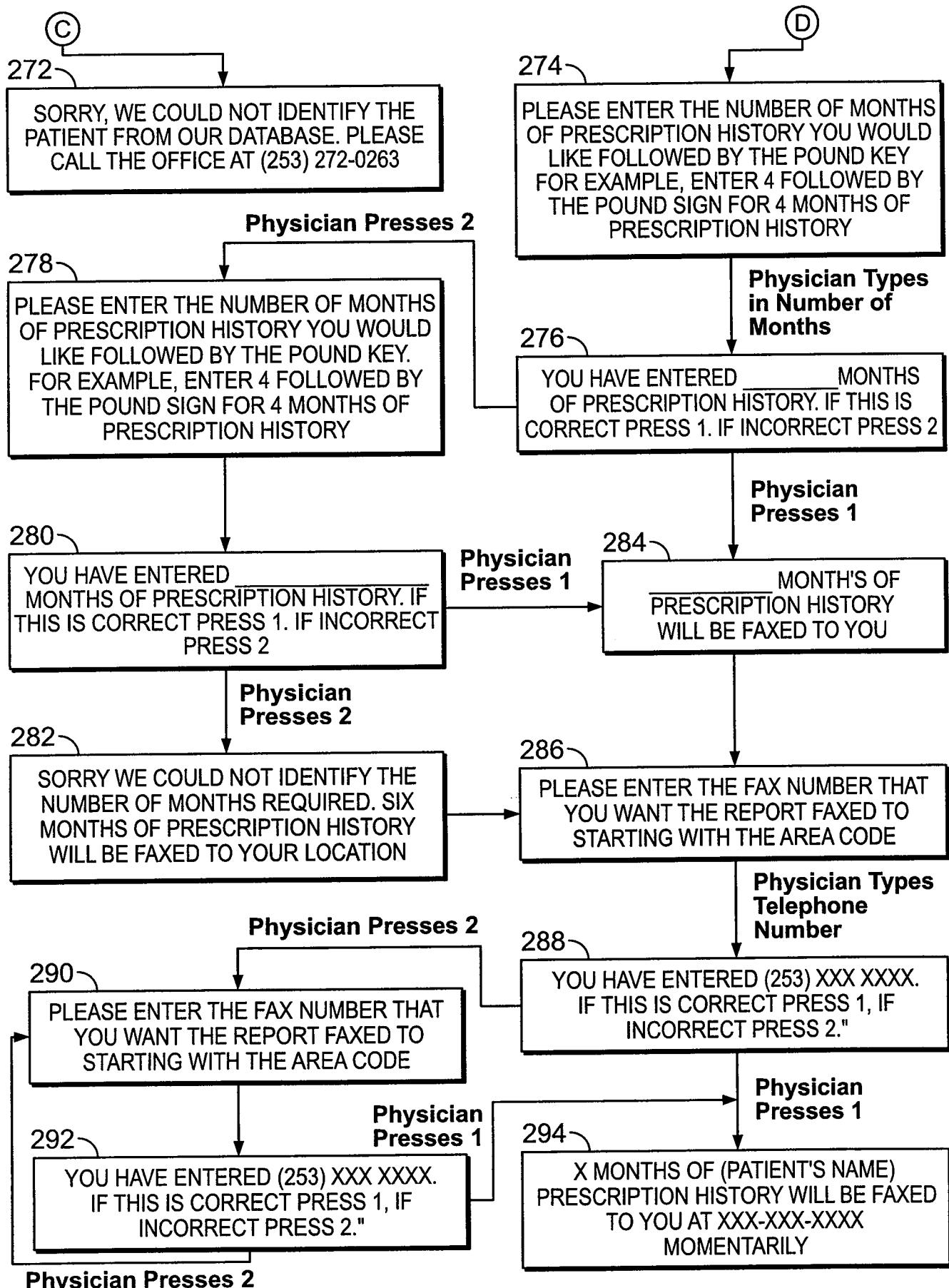


FIG. 5B

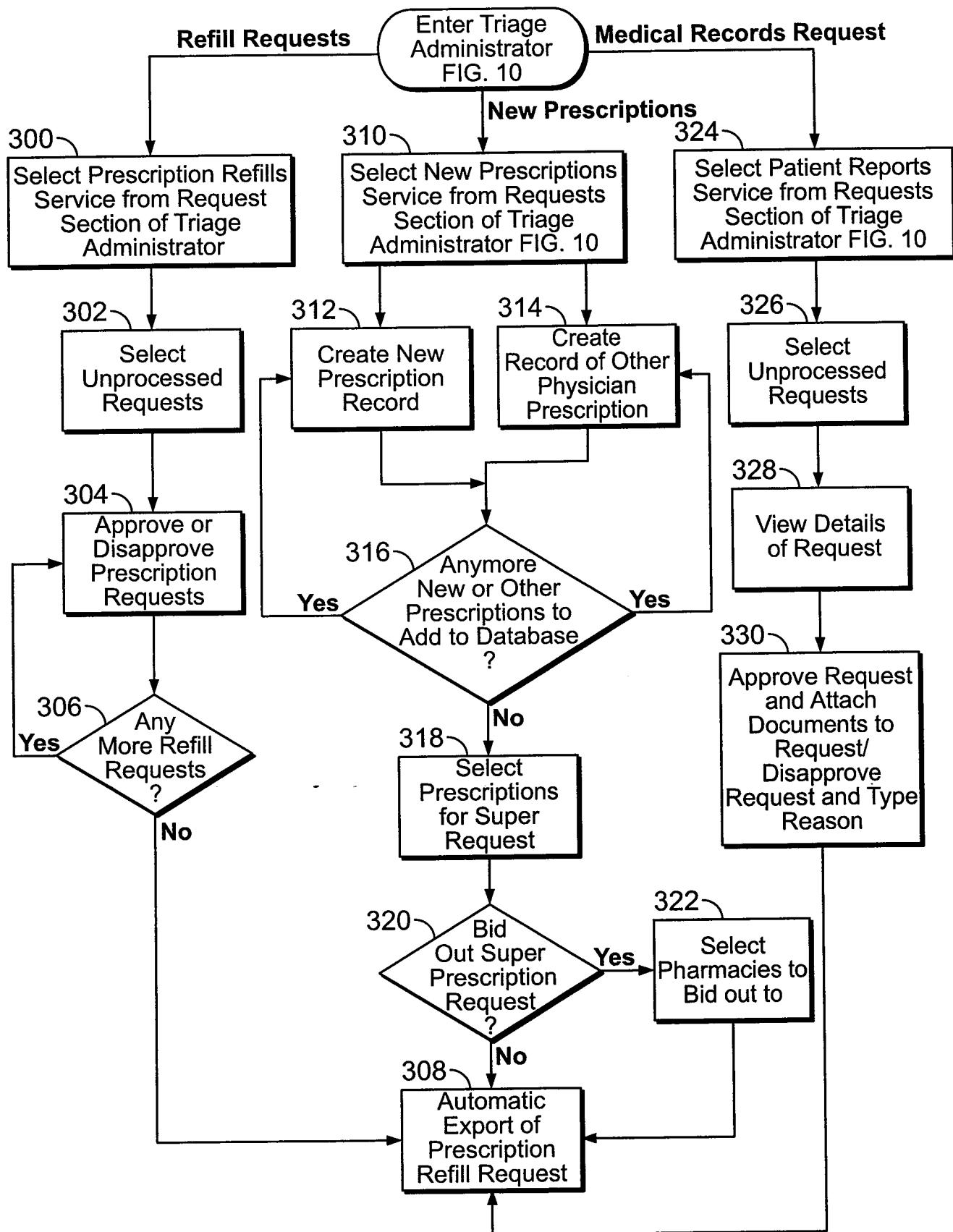


FIG. 6

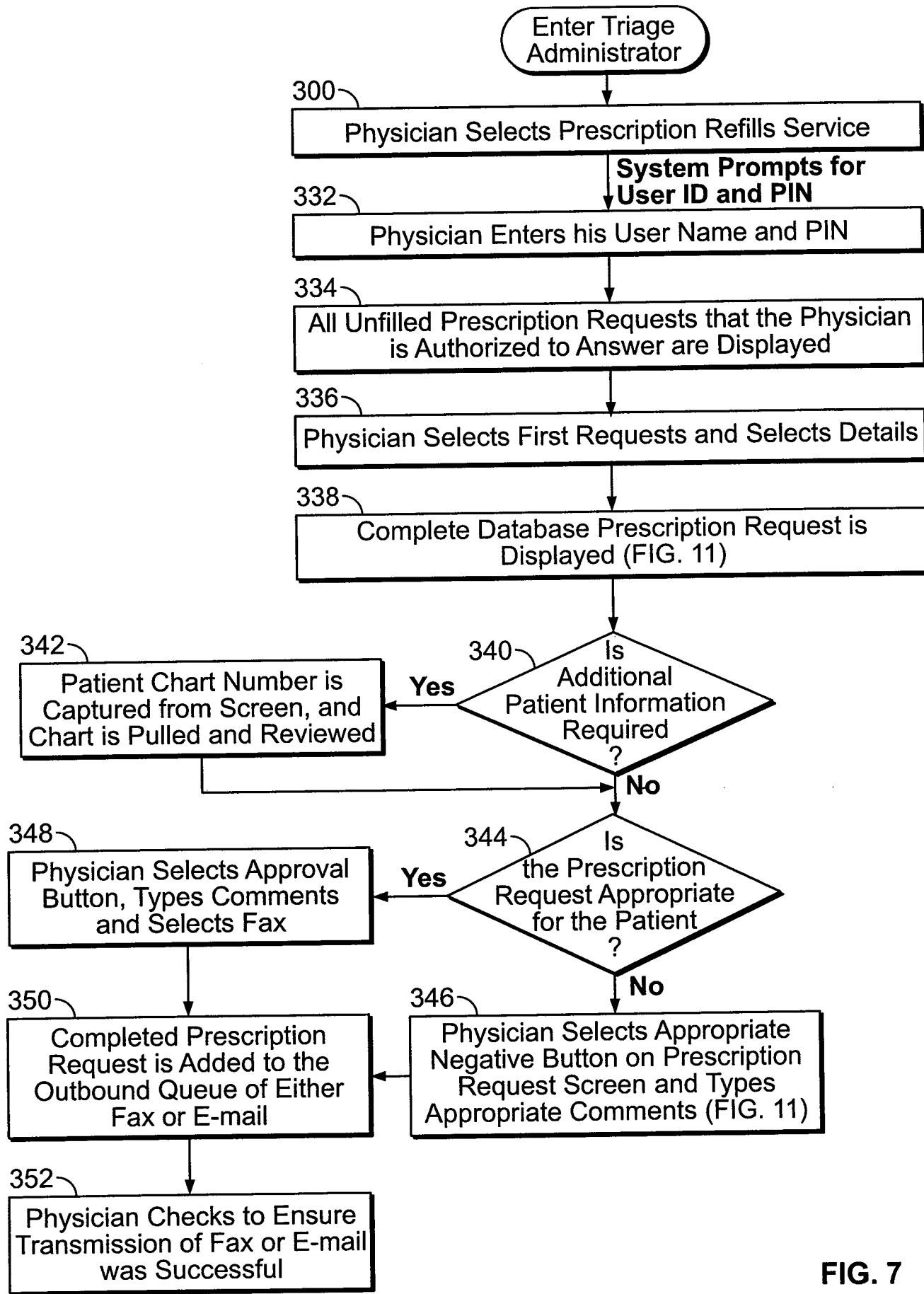


FIG. 7

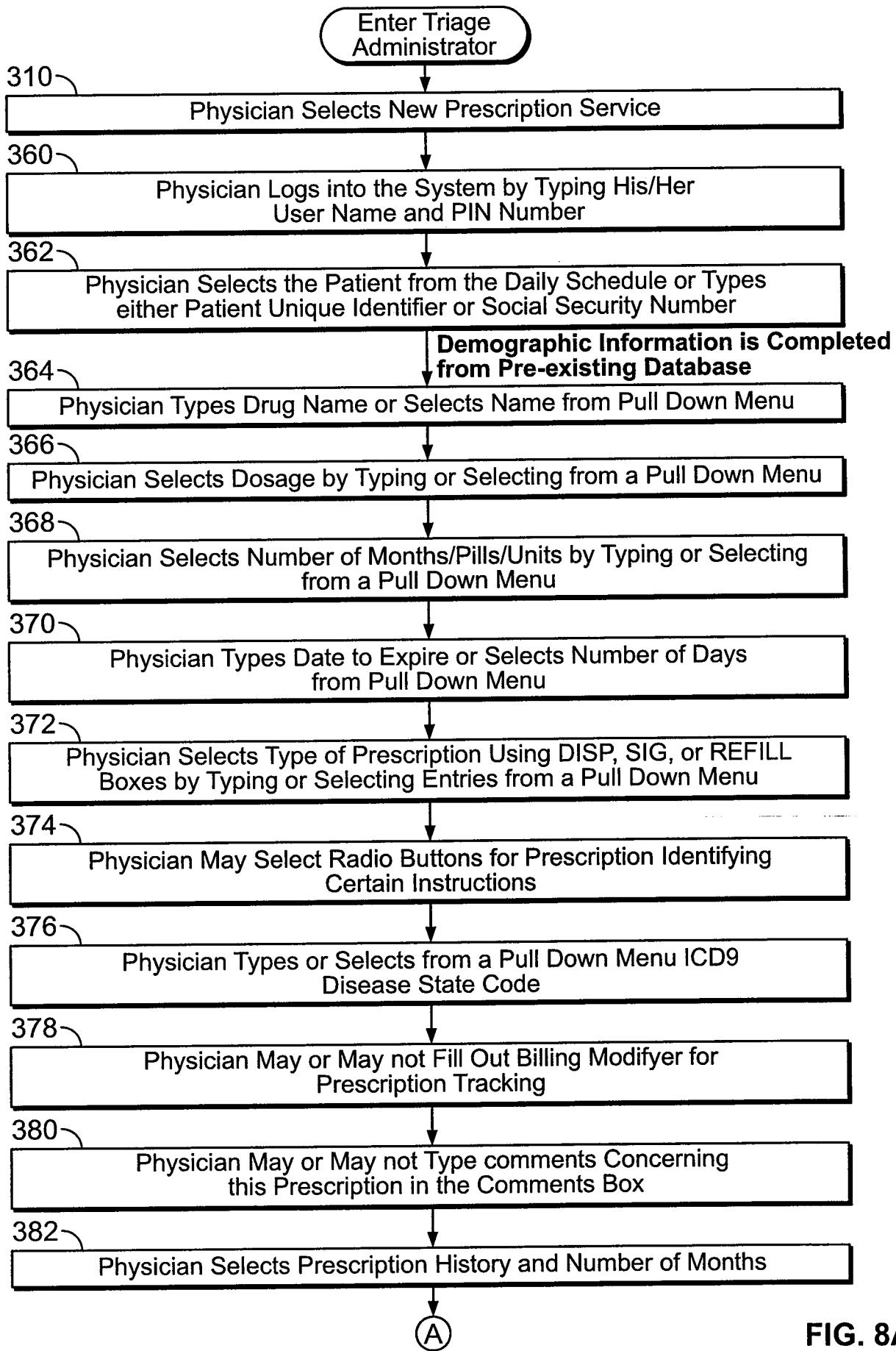


FIG. 8A

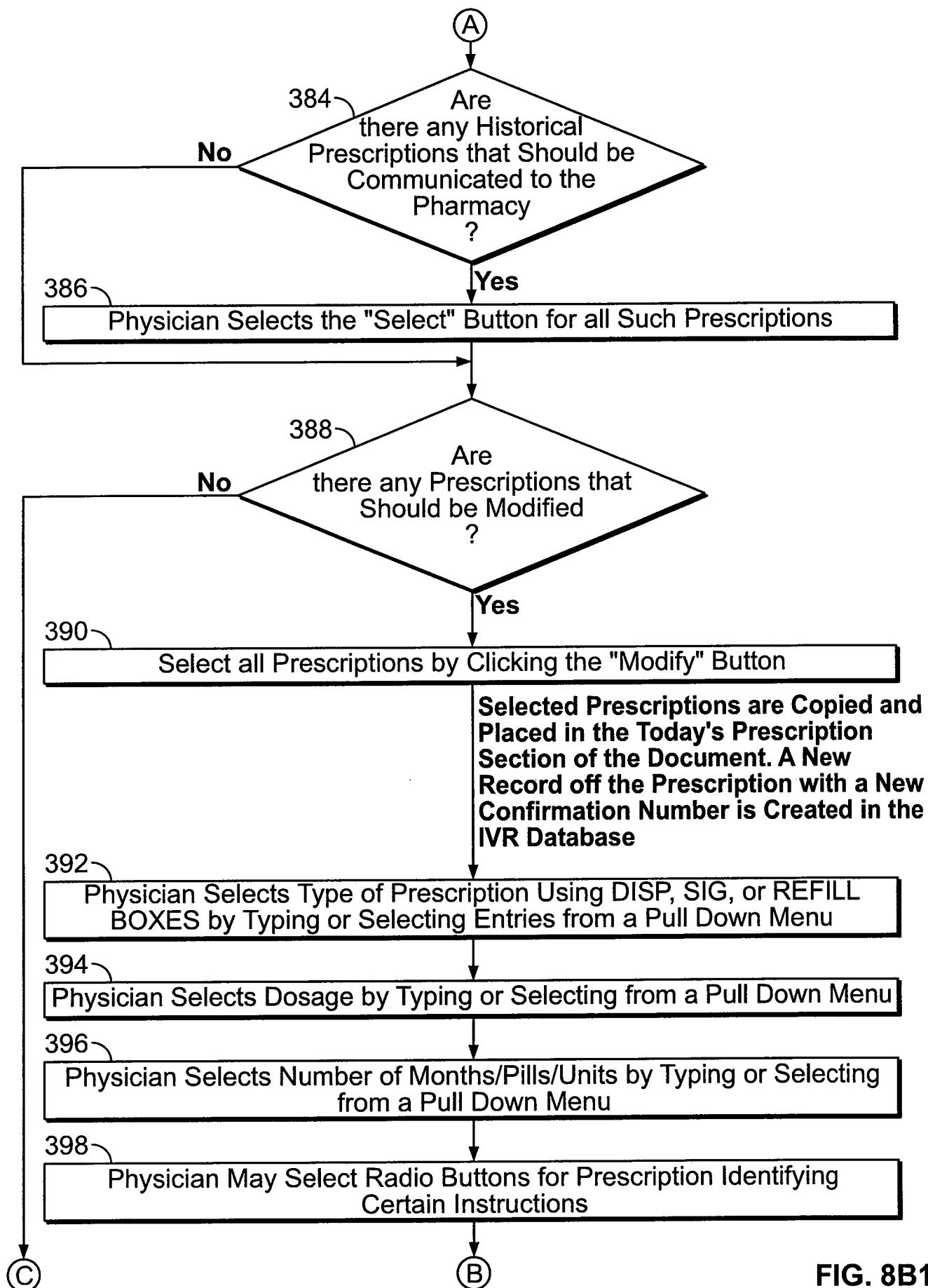


FIG. 8B1

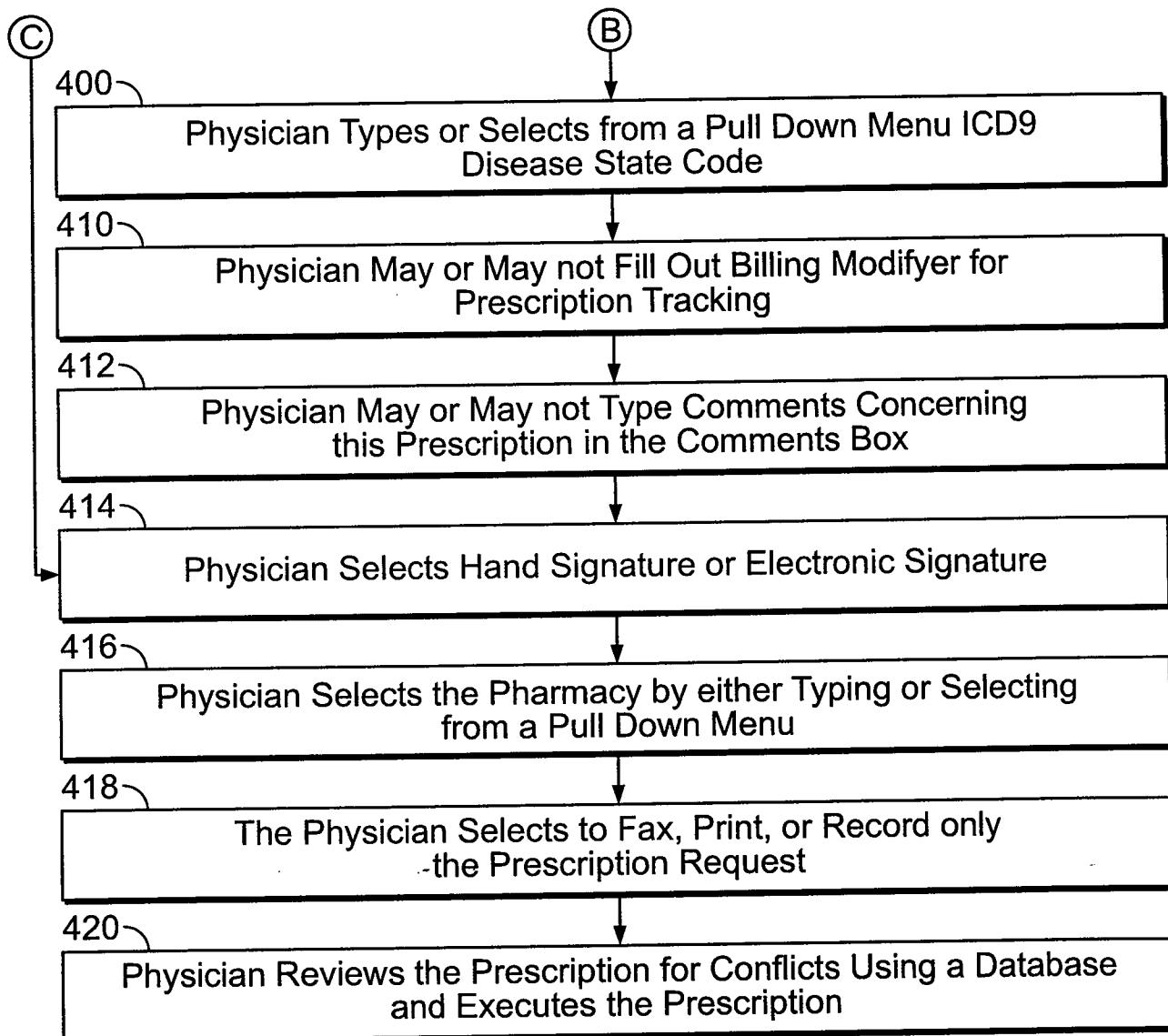


FIG. 8B2

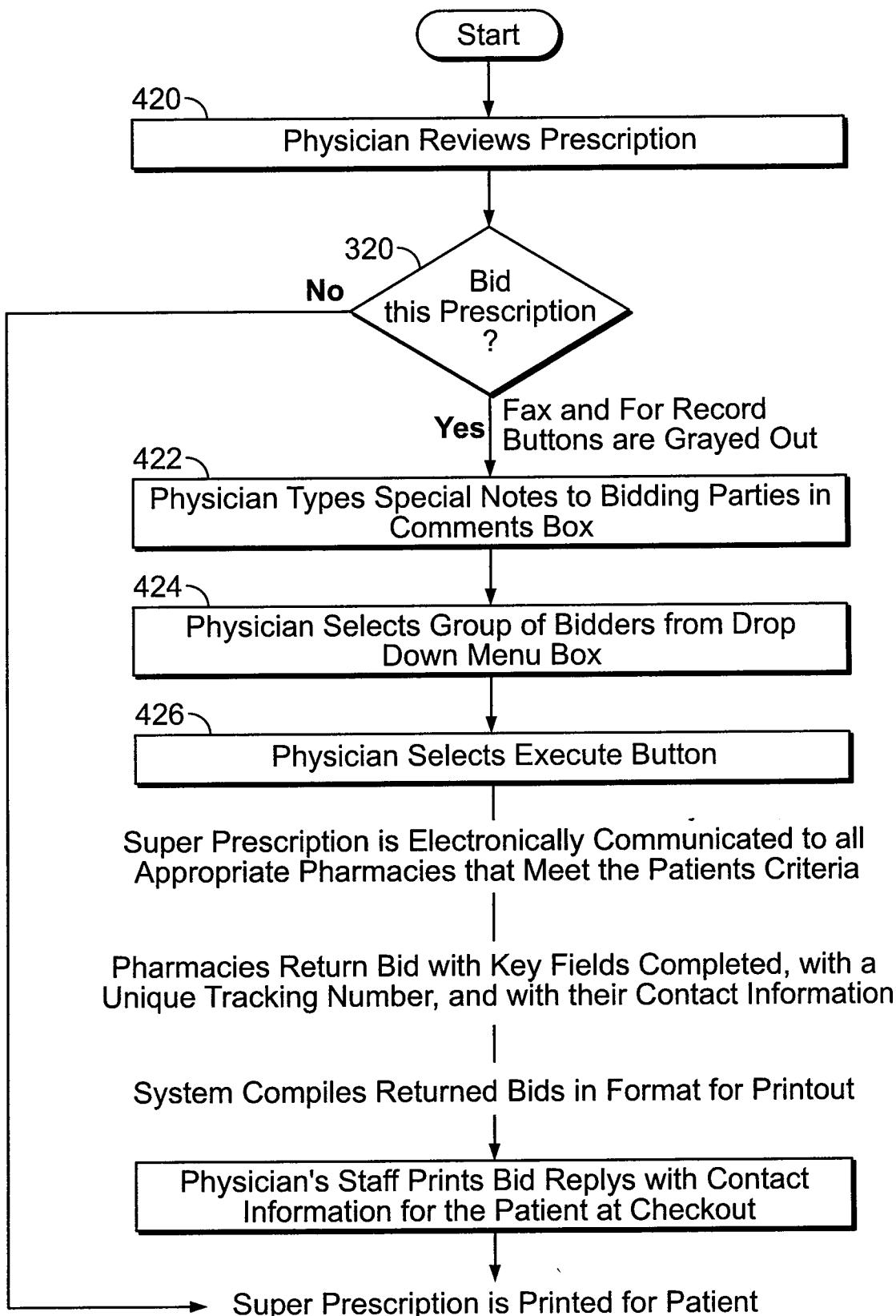


FIG. 9

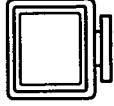
Triage - Administrator	Internal Medicine Northwest's Automated Triage System					
<hr/>						
Data Administration:						
Doctor's Offices		Nursing Homes	Physicians	Medication List	<hr/>	
Pharmacies		Patients	<hr/>		Patient Reports	
Prescription Refills		Voice Mail	Fax Admin	Print Schedule	Print Now	<hr/>
						
THE WHITTIER GROUP A Change Management Company						

FIG. 10

Patient Report Requests		(Details)	
Date	2000/09/13	Time	10:29:11
Report Type	EKG	Destination Name	CARDIAC STUDY CENTER
Destination Type	Doctor's Office	Phone Number	2535727320
Destination Name		Fax Number	2536270712
Phone Number		Patient Name	BASHORE, THELMA
Fax Number		Social Security #	305249199
Patient Name		wp #	Null
Social Security #			<input checked="" type="checkbox"/> Processed
wp #			
			<input type="button" value="Print"/> <input type="button" value="Done"/>

FIG. 11

 **Triage Automated IVR**

Prescription Refill Request

(Details)

Confirmation Number	00001004	<input checked="" type="checkbox"/> Processed
Date	1999/04/19	Processing Staff:
Time	23:56:09	RF X 3 Karen
Location	RiteAid Pacific	Date: [1999/04/20] Time [02:26:43]
Phone Number	2534748500	Comments:
Fax Number	2534740253	rf x 3
Social Security #	542185330	<input checked="" type="radio"/> Approved
Patient Name	ALEXANDER, JANICE	<input type="radio"/> Patient must schedule an appointment
wp#		<input type="radio"/> Patient is not on this medication or medication is not appropriate
Medication and Dosage	2 MG \ COUMADIN	<input type="radio"/> Our Physicians do not treat this patient
Prescribing Physician	Benjamin, Sabrina	<input type="radio"/> We will call you in reference to this request
Quantity	100	
Last Refill Date	1999/03/23	

FIG. 12

**SYSTEM AND METHOD FOR AUTOMATED
PRESCRIPTION MANAGEMENT**

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<p>Prescription Generator</p> <p>Patient</p> <p>First Name <input type="text"/> Last Name <input type="text"/> Social Security Number <input type="text"/></p> <p>Address <input type="text"/> City <input type="text"/> State <input type="text"/></p> <p>Telephone Number <input type="text"/> E-mail <input type="text"/></p> <p>Today's Prescription</p> <p>Date to DISP.SIG.REFILL Name of Drug <input type="text"/> Dosage <input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Modifier <input type="text"/> <input type="checkbox"/> ICD9 <input type="text"/></p> <p>Prescription History Past <input type="checkbox"/> Months <input type="checkbox"/> Include Prescription History? <input type="radio"/></p>		<p>Date of Birth <input type="text"/> Insurance <input type="text"/></p> <p>Substitution Permitted <input type="checkbox"/> Dispense as Written <input type="checkbox"/></p> <p>Number of months/Pills/Units <input type="text"/> NDC Number <input type="text"/></p> <p>Discontinue <input type="radio"/> <input type="radio"/> Allergic to <input type="radio"/> Intollerant to <input type="radio"/></p> <p>Substitution Permitted <input type="checkbox"/> Dispense as Written <input type="checkbox"/></p> <p>Number of months/Pills/Units <input type="text"/> NDC Number <input type="text"/></p> <p>Discontinue <input type="radio"/> <input type="radio"/> Allergic to <input type="radio"/> Intollerant to <input type="radio"/></p> <p>Number of months/Pills/Units <input type="text"/> NDC Number <input type="text"/></p> <p>Substitution Permitted <input type="checkbox"/> Dispense as Written <input type="checkbox"/></p> <p>Number of months/Pills/Units <input type="text"/> NDC Number <input type="text"/></p> <p>Discontinue <input type="radio"/> <input type="radio"/> Allergic to <input type="radio"/> Intollerant to <input type="radio"/></p> <p>Pharmacy <input type="text"/></p> <p>Bid Prescription? <input type="checkbox"/> Fax <input type="checkbox"/> Print <input type="checkbox"/> For Record <input type="checkbox"/></p> <p>Review <input type="checkbox"/> Prescription <input type="checkbox"/> Execute <input type="checkbox"/></p> <p>Signature <input type="text"/> Comments <input type="text"/> Page ___ of ___</p>	
<p>Ph: (253) 272-5076 After Hrs: (253) 272-4964 Fax: (253) 272-5643 Rx Refill: 627-8865 ONLY</p>			

FIG. 13

**SYSTEM AND METHOD FOR AUTOMATED
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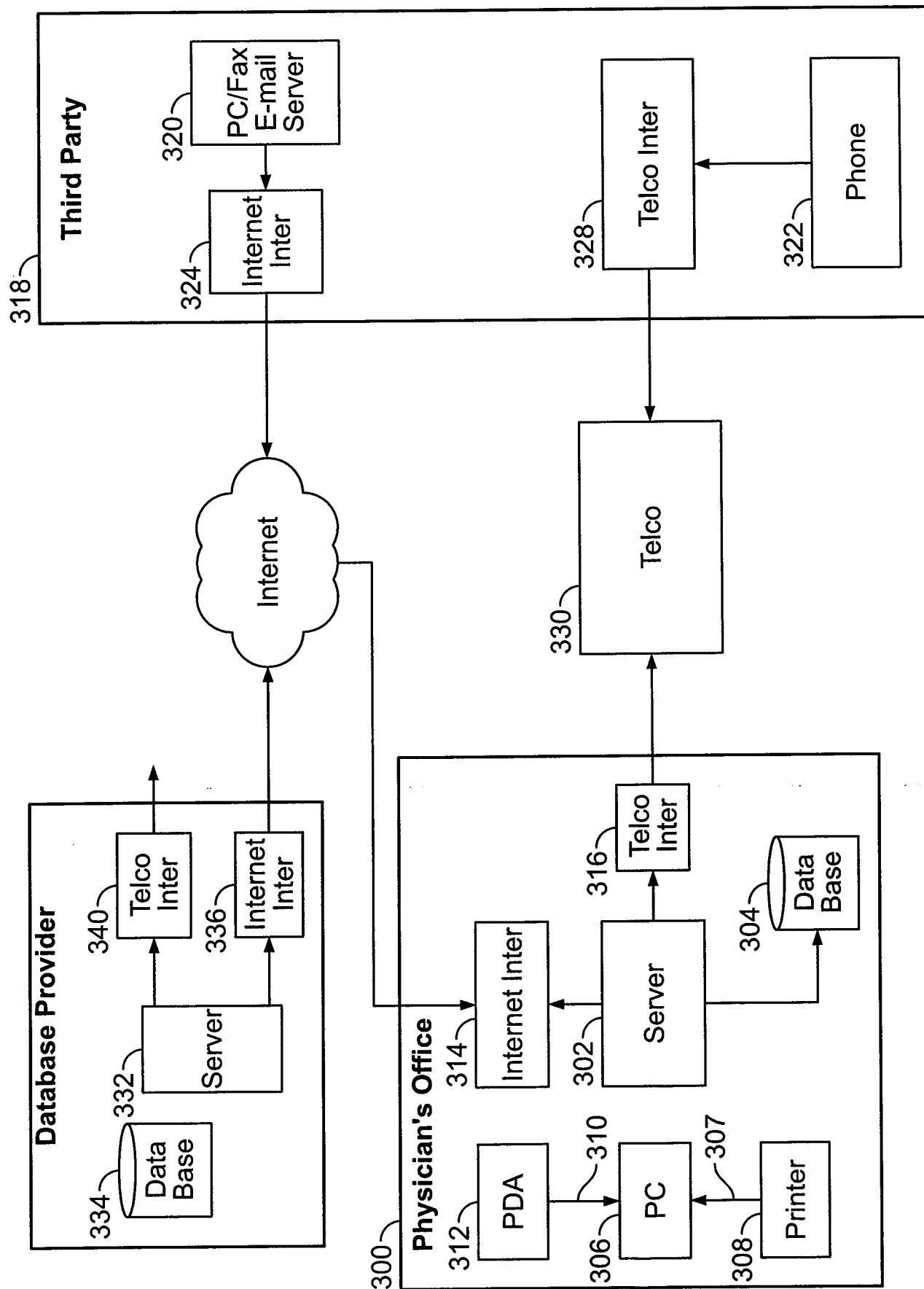


FIG. 14